

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594,187

FILING DATE

9.25.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3				1			
4				1			
5				1			
6				1			
7				1			
8				1			
9				1			
10				1			
11				1			
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47							
48							
49							
50							
TOTAL IND.		↓	5	↓		↓	
TOTAL DEP.	←		23	←		←	
TOTAL CLAIMS			28				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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95							
96							
97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←		←	←		←	
TOTAL CLAIMS							